

State of New Mexico

Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FGD
 AsOfDate 02/06/2013

3000001529 2/8/13

Number	Line	Line#	Description	Fund	VendorName	WtchHold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
00324547	1 Meals & Lodging	1	542200 Employee I/S Meals & L	06101	ADAMS RICH-001		2013 02	0000097720	Adams, R. L.28-2	570.00
Total For Voucher										570.00

NS

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Invoice Number: Adams, R. 1.28-2.1.13
 Voucher ID: 00324547
 Invoice Date: 02/04/2013
 Voucher Style: Regular
 Total: 570.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 570.00 USD

Discount: 0.00 USD Discount Denied

Late Charge

Scheduled Due: 02/04/2013 

Net Due: 02/04/2013

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B Pay Group: RE

*Method: ACH ACH *Netting: N 

Message: Message will appear on remittance advice. Messages

Find | View All First  1 of 1 Last  

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 1.28-2.1.13
Voucher ID: 00324547 Invoice Date: 02/04/2013
Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRFRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment  Postpone Withholding 

Letter of Credit

Letter of Credit ID:  

Tax Group

Saved

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE

1

DATE

2/1/2013

AGENCY

66500

VOUCHER NUMBER

00324547

NAME

Richard Adams

CAR LICENSE NUMBER

SG-1984

POST OF DUTY

Ruidoso

PROPOSED

(ADVANCE VOUCHER)

VENDOR NUMBER

97303

MODEL

Nissan

RESIDENCE

REG. WORK DAY

8:00 AM THRU 5:00 PM

YEAR

2011

Ruidoso

(RECOUPMENT VOUCHER)

DATE

TIME: SHOW AM OR PM

CHARACTER OF EXPENDITURES

ODOMETER/MAP MILES

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

AMOUNTS

MISCELLANEOUS

AMOUNTS

6:00am

1/28/2013
1/29/2013
1/30/2013
1/31/2013
2/1/2013

6:00pm

Depart Ruidoso to Santa Fe Overnight-Santa Fe rates apply
 Overnight-Santa Fe rates apply
 Overnight-Santa Fe rates apply
 Overnight-Santa Fe rates apply
 Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

0

0

0.00

\$

135.00

\$

135.00

\$

135.00

\$

30.00

0.00

0.00

0.00

0.00

0

0.00

\$

135.00

\$

135.00

\$

135.00

\$

30.00

0.00

0.00

0.00

0.00

0.00

Per Diem is Based on (Check One)

☐

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

TOTALS

0

0.00

570.00

0.00

570.00

0.00

570.00

0.00

570.00

0.00

570.00

0.00

APPROVED RATES

☒

Employee Signature

Date

☒

Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-8-5 (I), NMSA 1978

Signature

(DOH-General Accounting Use Only)

Date

Signature required on overnight lodging exceeding \$215.00 per night:

1. Richard Adams (TYPE PAYEE NAME)

I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT

PAYEE SIGN HERE:



DATE:

2-1-12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS-1984
	Year:	2011	Make:	Nissan	Model:	Altima

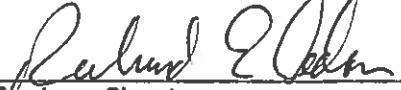
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff and Cabinet Secretary in Santa Fe					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	01/25/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	01/28/13	Time:	06:00 AM	Return Date: (month/day/yr)	12/1/13
	Time: 06:00 PM					
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


Employee Signature

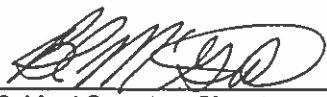
1/29/13
Date

Supervisor/Bureau Chief Signature

Date

Division Director/Hospital Administrator
(As per specific division requirements)

Date


Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

1/29/13
Date